

MAINE PUBLIC HEALTH ALERT NETWORK SYSTEM



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*****UPDATE – Important Information*****

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TO: Hospitals, Infection Control Practitioners, Public Health, State and Federal Agencies, ME Primary Care, Public Health Nurses

FROM: Dora Anne Mills, M.D., M.P.H., Public Health Director

SUBJECT: Hepatitis B

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Acute Hepatitis B in Maine, 2006-2007

Background: An increase in acute Hepatitis B Virus (HBV) was noted in 2006 when 26 cases of infection were identified in Maine. This was a substantial increase from the annual average of 10 cases per year for the preceding six years (2000-2005) (range 5-14 cases per year). Preliminary data from 2007 indicate that the number of cases of acute HBV infection remains elevated (n=18).

Epidemiology: For the 44 cases of acute HBV reported in Maine during 2006-2007, 77% were male. Cases had a median age of 50 years (range 19-77). Eighty percent of all cases were ≥ 40 years of age. All cases of known race were Caucasian and non-Hispanic. Cases were reported from 14 (88%) of Maine's 16 counties. Cases were most frequently reported from Penobscot (n=10), Androscoggin (n=6), Cumberland (n=6), Hancock (n=5), and Kennebec (n=4). Data on risk factors were limited; most cases denied known risk factors.

Prevention: Hepatitis B vaccination is recommended for all unvaccinated adults at risk for HBV infection and for all adults requesting protection from HBV infection (see figure). Providers should counsel all patients about sexual practices, regardless of age, marital status, or perceived sexual orientation as well as injecting drug use. Risk reduction through condom use and syringe exchange programs should be promoted.

Reporting: Health care providers should report any acute cases of HBV by calling 1-800-821-5821.

Providers should test patients with signs and symptoms consistent with acute viral hepatitis such as elevated liver enzymes, jaundice, abdominal discomfort, anorexia and nausea. Testing should include the following:

- Hepatitis B surface antigen (HBsAg)
- IgM antibody to hepatitis B core antigen (IgM anti-HBc)
- IgM antibody to hepatitis A virus (IgM anti-HAV)
- Antibody to hepatitis C virus (anti-HCV)

For More Information: Questions or comments should be directed to the epidemiologist on call at 1-800-821-5821. National guidelines for control of hepatitis B infection among adults were published in the MMWR 2006:55(RR-16):1-33, available at <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>

Figure. Adults recommended to receive hepatitis B vaccination

Persons at risk for infection by sexual exposure

- Sex partners of hepatitis B surface antigen positive persons
- Sexually active persons who are not in a long-term, mutually monogamous relationship (e.g., persons with more than one sex partner during the previous 6 months)
- Persons seeking evaluation or treatment for a sexually transmitted disease
- Men who have sex with men

Persons at risk for infection by percutaneous or mucosal exposure to blood

- Current or recent injection-drug users
- Household contacts of surface antigen positive persons
- Residents and staff of facilities for developmentally disabled persons
- Health-care and public safety workers with reasonably anticipated risk for exposure to blood or blood-contaminated body fluids
- Persons with end-stage renal disease, including predialysis, hemodialysis, peritoneal dialysis, and home dialysis patients

Others

- International travelers to regions with high or intermediate levels of endemic HBV infection
- Persons with chronic liver disease
- Persons with HIV infection
- All other persons seeking protection from HBV infection